

Rhode Island Department of Labor & Training Division of Occupational Safety-Elevator Unit 1511 Pontiac Avenue, P.O. Box 20157 Cranston, RI 02920-0942

Phone: (401) 462-8570 Fax: (401) 462-8576

APPLICATION FOR INDIVIDUAL LICENSE (Renewable August 1st Annually)

	(= ==== p p 0	r type information)	
Name:			
Mailing addı	ess:		
Phone numb	er: ()		
Social Secur	ty number:		
Employer: _			
Type of licer	se applying for:		
Current licer	se number:		
	PREVIOUS E	<u>XPERIANCE</u>	
EMPLOYER	EMPLOYER ADDRESS	EMPLOYMENT DATES	JOB TITLE
NOTE THE		***	
repairing any d	ense is required by any individual instactions of Rhodo	e Island General Law 23-33 within th	e limits of this
State. All Helpe	ers/Apprentices must be under direct su	pervision at all times when performing	ng field work.